

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1735

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2807 Ashland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 76 years.

3. (a) PRINT FULL NAME Benjamin Franklin Klippel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Klippel 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November 13, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 12 If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Manager National Bisquit Co.

11. Industry or business
12. Name George W. Klippel
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Maegby
(City, town, or county) (State or foreign country)
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Klippel
(b) Address 2945 Lister, Kansas City, Mo.
17. (a) Burial (b) Date thereof Jan. 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Jan 26, 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2807 Ashland Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th
year 1942 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from April - 1946
to JAN. 24, 1942
that I last saw him alive on JAN. 24 - 1942, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Cerebral hemorrhage
Due to Cerebral hemorrhage

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature] Of autopsy _____
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury [Signature]
23. Signature [Signature] (M.D. or other) [Signature]
Address [Signature] Date signed 1-24-1942

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 10 1945

APR 5 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert P. Harrington

Licensed Embalmer No.....

32081

P. O. Address.....

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.